

## **HEALTH DEPARTMENT**

9 School St. - Amesbury, MA 01913 Tel. 978.388.8134 / Fax 978.388.7874

www.amesburyma.gov

John W. Morris, Health Director

Donna Lickteig, Adm. Asst.

## **APPLICATION FOR DUMPSTER PERMIT**

Fee Due w/application: \$25.00

Application is hereby mad in accordance with the rul				t:	
Check use:					
( ) Residential( ) Comme	ercial( ) 30 Day Temp	porary( ) Annual			
Applicant Name:		Address:	Address: Email:		
Tel.:	Cell:		Email:		
Owner Name: Address: Tel.: Cell: Emai					
Tel.:	Cell:		Email:		
Federal ID #:					
Name of Dumpster Compa	any:	Add	ress:		
Contact Name:		Tel.:		_	
On the back of this form, p dumpster to other building			ving the proposed loc	ation of the dumpster(	s). Give distance from
Office Use Only – Received					

ADM. ASST. HOURS:

Mon. thru Wed.: 8:00 am – 4:00 pm Thursday: 8:00 am – 7:00 pm Friday: 8:00 am – 12 Noon DIRECTOR IN-OFFICE HOURS:
Mon. & Wed.: 8:00 am - 10:30 am
Thursday: 4:00 pm - 7:00 pm
Friday: 8:00 am - 10:30 am
OTHER HOURS BY APPT.